

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: PROCESS FOR PRODUCING ARSENIC  
TRIOXIDE FORMULATIONS AND  
METHODS FOR TREATING CANCER  
USING ARSENIC TRIOXIDE OR  
MELARSOPROL  
Attorney Docket Number:: CELLTH 3.0-003 CONT CONT IX  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 0  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Raymond  
Middle Name:: P.  
Family Name:: Warrell  
Name Suffix:: Jr.  
City of Residence:: Westfield  
State or Province of Residence:: NJ

Country of Residence:: US  
Street of mailing address:: 6 Kimball Circle  
City of mailing address:: Westfield  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Pier  
Middle Name:: Paolo  
Family Name:: Pandolfi  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 303 East 60th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Janice  
Middle Name:: L.  
Family Name:: Gabrilove  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 25 East 86th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10028

### **Correspondence Information**

Correspondence Customer Number:: 000530

### **Representative Information**

Representative Customer Number:: 000530

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/425,785	04/30/03
10/425,785	Continuation of	09/189,965	11/10/98
09/189,965	An application claiming the benefit under 35 USC 119(e)	60/064,655	11/10/97

### **Assignee Information**

Assignee name:: Memorial Sloan-Kettering Cancer Center

Street of mailing address:: 1275 York Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10021